



SENDER: COMPLETE THIS SECTION		COMPLETE THIS SECTION ON DELIVERY	
<ul style="list-style-type: none"> <li>Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.</li> <li>Print your name and address on the reverse so that we can return the card to you.</li> <li>Attach this card to the back of the mailpiece.</li> </ul>		A. Signature X <i>Officer Larry R. CSO</i> <input type="checkbox"/> Agent <input type="checkbox"/> Addressee	
		B. Received by (Printed Name)	C. Date of Delivery 12-06-07
 Tommy Boswell Russell Co. Sheriff P. O. Box 640 Phenix City, AL 36868		Address different from item 1? <input type="checkbox"/> Yes delivery address below: <input type="checkbox"/> No	
		3. Service Type <input checked="" type="checkbox"/> Certified Mail <input type="checkbox"/> Express Mail <input type="checkbox"/> Registered <input checked="" type="checkbox"/> Return Receipt for Merchandise <input type="checkbox"/> Insured Mail <input type="checkbox"/> C.O.D.	
3:07cv965 <i>complaint</i> 2. Article Number (Transfer from service label)		4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes	
PS Form 3811, February 2004		7007 1490 0000 0026 5384 Domestic Return Receipt 102595-02-M-1540	

SENDER: COMPLETE THIS SECTION		COMPLETE THIS SECTION ON DELIVERY	
<ul style="list-style-type: none"> <li>Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.</li> <li>Print your name and address on the reverse so that we can return the card to you.</li> <li>Attach this card to the back of the mailpiece, across the front if space permits.</li> </ul>		A. Signature X <i>Officer Larry R. CSO</i> <input type="checkbox"/> Agent <input type="checkbox"/> Addressee	
		B. Received by (Printed Name)	C. Date of Delivery 12-06-07
 Lt. Loretta Holland Russell Co. Jail P. O. Box 640 Phenix City, AL 36868		Address different from item 1? <input type="checkbox"/> Yes delivery address below: <input type="checkbox"/> No	
		<input checked="" type="checkbox"/> Certified Mail <input type="checkbox"/> Express Mail <input type="checkbox"/> Registered <input checked="" type="checkbox"/> Return Receipt for Merchandise <input type="checkbox"/> Insured Mail <input type="checkbox"/> C.O.D.	
3:07cv965 <i>complaint</i> 2. Article Number (Transfer from service label)		4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes	
PS Form 3811, February 2004		7007 1490 0000 0026 5377 Domestic Return Receipt 102595-02-M-1540	

## SENDER: COMPLETE THIS SECTION

- Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece,



Nurse Tina Riley-Pelfrey  
Russell Co. Jail  
P. O. Box 640  
Phenix City, AL 36868

## COMPLETE THIS SECTION ON DELIVERY

A. Signature

X Officer Larry Raso

☐ Agent☐ Addressee

B. Received by (Printed Name)

C. Date of Delivery

12-6-07

dress different from item 1? ☐ Yesdelivery address below: ☐ No

3. Service Type

☒ Certified Mail☐ Express Mail☐ Registered☐ Return Receipt for Merchandise☐ Insured Mail☐ C.O.D.

4. Restricted Delivery? (Extra Fee)

☐ Yes

3:07CW 965 (Cmp/andCmp/smo)

2. Article Number

(Transfer from service label)

7007 1490 0000 0026 5360

PS Form 3811, February 2004

Domestic Return Receipt

102595-02-M-1540

## SENDER: COMPLETE THIS SECTION

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- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece,



Senior Doctor Stu Warr  
Russell Co. Jail  
P. O. Box 640  
Phenix City, AL 36868

## COMPLETE THIS SECTION ON DELIVERY

A. Signature

X Officer Larry Raso

☐ Agent☐ Addressee

B. Received by (Printed Name)

C. Date of Delivery

12-6-07

dress different from item 1? ☐ Yesdelivery address below: ☐ No

3. Service Type

☒ Certified Mail☐ Express Mail☐ Registered☐ Return Receipt for Merchandise☐ Insured Mail☐ C.O.D.

4. Restricted Delivery? (Extra Fee)

☐ Yes

3:07CW 965 (Cmp/smo/andCmp)

2. Article Number

(Transfer from service label)

7007 1490 0000 0026 5353

PS Form 3811, February 2004

Domestic Return Receipt

102595-02-M-1540